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## BIB DATA SHEET

CONFIRMATION NO. 4275

<b>SERIAL NUMBER</b> 10/664,535	<b>FILING or 371(c) DATE</b> 09/19/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3761	<b>ATTORNEY DOCKET NO.</b> HLR.0101D1 (KCIN:071USD1)	
<b>APPLICANTS</b> Jeffrey S. Lockwood, Batesville, IN; Robert Petrosenko, Batesville, IN; James Robert Risk JR., Milan, IN; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 12/09/2003					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /MICHELE M KIDWELL/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> IN	<b>SHEETS DRAWINGS</b> 6	<b>TOTAL CLAIMS</b> 8	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> FULBRIGHT & JAWORSKI L.L.P. 600 CONGRESS AVENUE SUITE 2400 AUSTIN, TX 78701 UNITED STATES					
<b>TITLE</b> VACUUM THERAPY AND CLEANSING DRESSING FOR WOUNDS					
<b>FILING FEE RECEIVED</b> 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		